

IOWA ACCOUNTANCY EXAMINING BOARD

200 E. Grand, Suite 350

Des Moines, IA 50309

Phone: (515) 725-9022

<https://plb.iowa.gov/board/accountants>
accountancyboard@iowa.gov

Initial LPA Application for Licensure

CHECKLIST:

- ☐ Has satisfied one of the following:

Applicant has had two or more years' actual experience in practice as an accountant as an employee of a certified public accountant, an accounting practitioner, or licensed public accountant.

OR

Applicant needs to attach transcripts from a four year college or university with a major in accounting or a graduation in accountancy from a business or correspondence school, AND at least one year of experience in accounting, compilation, management advisory, financial advisory, tax, or consulting skills.

OR

Applicant submits evidence of at least five years continuous experience engaged in performing any of the services delineated in section 542.3, subsection 12, on a full-time basis.

- ☐ You have taken and passed the **Professional Ethics: AICPA's Comprehensive Exam**. It may be purchased at www.aicpa.org. If you recently passed it, please attach the course certificate.
- ☐ You have taken and passed the **Statements on standards for accounting and review services (SSARS) education**. An LPA license applicant shall complete a minimum of seven hours of continuing education devoted to statements on standards for accounting and review services (SSARS) prior to issuance of the license. An LPA license applicant is exempt from this requirement if the applicant has passed the CPA examination provided by the AICPA. Please attach the course certificate.
- ☐ Attach exam scores verifying successful completion of one of the following:

Accreditation Council for Accountancy and Taxation (ACAT) examination
OR
The Business Environment and Concepts, Financial Accounting and Reporting, and Regulation sections of the CPA examination provided by the AICPA.
- ☐ This application is filled out in its entirety. Incomplete applications will be returned.

Initial registration fee \$100

Please DO NOT print double sided, as the payment page will be destroyed due to the confidentiality.

LPA INITIAL APPLICATION

I hereby affirm/attest that all information provided on this entire application is true and correct to the best of my knowledge.

Signed: _____

Date: ____/____/20____

I wish my name to appear on my certificate or license as follows:

Final Exam Pass Date:

Name: _____

First

Middle

Last

Have you ever been known by a name(s) other than the one shown above (i.e. maiden name)? Yes No

If yes, what name(s) _____

Mailing Address:

(Cannot be a PO Box)

Street

City

State

Zip code

Phone

Daytime Telephone: (____) ____ - ____ Ext _____

Have you ever:

- a. been convicted of a felony in any state, federal, or foreign jurisdiction? yes no
- b. been convicted of any other criminal offense in any state federal, or foreign jurisdiction, other than a traffic offense or simple misdemeanor? yes no
- c. had an initial or renewal application for a professional license of any type denied or refused? yes no
- d. had a professional license or authority to practice of any kind revoked, suspended, cancelled, or otherwise disciplined by a licensing board or agency of any state, a federal agency, or the PCAOB? yes no
- e. had a practice privilege revoked, suspended, or otherwise terminated by any state licensing authority?
yes no
- f. surrendered a professional license of any type to resolve a disciplinary investigation or proceeding in any jurisdiction?
yes no

If you answered "yes" to any of the above questions please attach a narrative description of the details and submit copies of the orders or other records that document the event and the current status of the matter.

VERIFICATION OF EXPERIENCE:

1. Applicant has had two or more years' actual experience in practice as an accountant as an employee of a certified public accountant, an accounting practitioner, or licensed public accountant.
OR
2. Applicant submits evidence of at least five years continuous experience engaged in performing any of the services delineated in section 542.3, subsection 12, on a full-time basis.
OR
3. Applicant has had at least one year of experience in accounting, compilation, management advisory, financial advisory, tax, or consulting skills (if applicant has graduated from a four year college or university with a major in accounting or has graduated in accountancy from a business or correspondence school).

Note: All experience must be verified by a CPA or LPA with direct supervisory control over the applicant or, if not directly supervised by a CPA or LPA, a CPA or LPA who can otherwise verify the experience.

PERIOD				NAME AND ADDRESS OF EMPLOYER OR FIRM AND SIGNATURE OF VERIFYING LICENSEE	Complete work description. Do NOT give job titles.
FROM		TO			
MO	YR	MO	YR		
# OF HOURS				Print Name	
				Signature	
				Cert/License # State	

PERIOD				NAME AND ADDRESS OF EMPLOYER OR FIRM AND SIGNATURE OF VERIFYING LICENSEE	DESCRIBE YOUR WORK
FROM		TO			
MO	YR	MO	YR		
# OF HOURS				Print Name	
				Signature	
				Cert/License # State	

Separate letters verifying employment may be submitted with this form in lieu of original signatures required above. A complete work description must still be included.

PAYMENT INFORMATION*(This page will be destroyed after processing.)*___ **Check**

Payment Amount \$ _____

___ **VISA, MASTERCARD or DISCOVER (Circle One)**

Card Number _____ - _____ - _____

Name of Cardholder _____

Expiration (Month/Year) ____/____

Signature of Cardholder _____

Phone Number (____) ____ - ____ ext _____

REQUIRED FOR PROCESSING**Email Address:** _____**Date of Birth** ____/____/____**Social Security Number of Licensee:** _____

Privacy Act Notice: Disclosure of your Social Security Number on this license application is required by 42 U.S.C. § 666(a)(13), Iowa Code §§ 261.126(1), 252D.8(1), and 272J.8(1), and 193 IAC 4.4. The number will be used in connection with the collection of child support obligations, college student loan obligations, and debts owed to the state of Iowa, and as an internal means to accurately identify licensees, and may also be shared with taxing authorities as allowed bylaw including Iowa Code § 421.18. The Social Security Number will also be shared on a confidential basis with the National Association of State Boards of Accountancy, pursuant to Iowa Code § 542.4(7), solely for use in a national database of licensees.

Updated 10-1-2013